

**STATE OF ALABAMA
NURSING FACILITY TAX RETURN**

Prepare/file/pay this return online:
www.ador.state.al.us/salestax/efiling.html

RVLA42 (08-26-2003)

ACCOUNT NUMBER _____

NAME _____

ADDRESS _____

PERIOD COVERED May 20-31, 2004
DUE DATE June 10, 2004

DO NOT USE THIS SPACE		
Balance of Tax		
Interest		
Penalty		
Total		

CHECK THIS BOX IF PAYMENT MADE
THROUGH ELECTRONIC FUNDS TRANSFER (EFT) ☐

TOTAL AMOUNT REMITTED

\$	
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(RVLA42-T)

TAX ON NURSING FACILITIES

1. No. of patient days utilized for the month.....
2. No. of patient days available for the month.....
3. Percent of occupancy (Item 1 divided by Item 2).....
4. No. of licensed beds, if any, added since July 1, 1991 provided the monthly occupancy rate has not equaled or exceeded 85% since such beds were added.....
5. No. of licensed beds as of last day of the month covered by this return excluding those beds, if any, shown in Item 4.....
6. Total no. of licensed beds (Item 4 + Item 5).....
7. Tax due (If Item 4 is zero, tax equals Item 6 x \$22.58; if Item 4 is greater than zero, tax equals Item 3 x \$22.58 x Item 6)
8. Penalty (see instructions)
9. Interest due for late payment (see instructions)
10. Total Due (Total of Items 7, 8, and 9) (transfer to front)

\$	
\$	
\$	
\$	

SIGNATURE: _____

DATE: _____

RVLA72 (08-27-2003)
2810CB-T (08-27-2003)